



STATEMENT OF NON-RECEIPT OF UNEMPLOYMENT (UI) BENEFITS

State Form 57068 (R2 / 12-25)
DEPARTMENT OF WORKFORCE DEVELOPMENT

INSTRUCTIONS: The purpose of this form is to tell the Indiana Department of Workforce Development ("DWD") that the person below has not received Unemployment Benefits, because either: (1) they did not file a claim and were the victim of Identity Theft; or (2) they filed a claim and their account was later accessed by someone else to file weekly vouchers and/or reroute funds. After receiving this form, DWD will review all account(s) that use the information given below. If there is evidence someone else filed a claim or received benefits, DWD will start an investigation and issue a decision. It may take several months to complete the investigation. DWD will contact you if more information is needed. For more information about identity theft, please visit our website: <https://www.in.gov/dwd/indiana-unemployment/fraud/>

The phrase "week ending" in this form refers to the Saturday of the week of unemployment. For example, week ending October 11 below.

October						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11

Please fill this form out completely, accurately, and legibly. An asterisk (*) means the field is required.

*FIRST NAME: _____ *LAST NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

*ADDRESS (number and street, city, state, and ZIP code): _____

*TELEPHONE NUMBER: (_____) _____ - _____

*E-MAIL ADDRESS: _____

I want to report the information below to DWD. Choose only one option below and give all information*

- ☐ I have never filed or attempted to claim unemployment benefits using the information above.
- ☐ I want to file a claim for unemployment benefits and cannot because someone else filed a claim using the information above.

- ☐ I filed a claim and weekly vouchers for unemployment benefits, but there are weeks when payments were not made to the designated direct deposit account or my prepaid debit card.

Those week ending dates (must be a Saturday) and payment amounts are:

Week ending: _____ Amount: _____

Week ending: _____ Amount: _____

Week ending: _____ Amount: _____

The account I designated for direct deposit (if applicable) is:

*Bank Name: _____ Not Applicable

*Last 4 Bank Numbers on Bank Account: _____

*The last 4 numbers on my prepaid benefits debit card: _____

☐ I filed a claim for unemployment benefits and at some point after I stopped filing, my claim was reopened without my consent and weekly vouchers were filed on my behalf.

Week ending: _____ Were Payments issued? ☐ Yes ☐ No

Week ending: _____ Were Payments issued? ☐ Yes ☐ No

Week ending: _____ Were Payments issued? ☐ Yes ☐ No

Week ending: _____ Were Payments issued? ☐ Yes ☐ No

If payments were made after the claim was reopened, were they deposited into your direct deposit account or prepaid debit card? ☐ Yes ☐ No

The account I designated for direct deposit (*if applicable*) is:

*Bank Name: _____ Not Applicable

*Last 4 Bank Numbers on Bank Account: _____

*The last 4 numbers on my prepaid benefits debit card: _____

Are you aware of who used your personal information to file for benefits in your name, reopened your claim, and/or rerouted payments? Yes No

If you selected yes, please give the person's name: _____

What is your relationship to this person? _____

*Can you log into your Uplink CSS account at this time? Yes No Not Applicable

If yes, when did you recover your Uplink CSS account access?: _____ (month/day/year)

If yes, have you updated your benefit payment election information? Yes No Not Applicable

Any other information you want to give, such as emails linked to your account or who had access to your account:

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to obtain benefits, I may be required to repay benefits, charged penalties, and could be subject to criminal prosecution.

Signature: _____ Date (month, day, year): _____

Printed Name: _____

Please mail or fax this form and any supporting documentation to the following:

Indiana Department of Workforce Development

10 N. Senate Ave.

Indianapolis, IN 46204

FAX: (317)633-7206